

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY**  
**DOMESTIC VIOLENCE LAW ENFORCEMENT INFORMATION SHEET**  
**(THE PERSON TO BE RESTRAINED IS NOT ALLOWED TO SEE THIS FORM)**

Person protected by a Domestic Violence Restraining Order:

**Court Case #** \_\_\_\_\_

\_\_\_\_\_  
Last Name (Please Print) First Name Middle Name

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Attorney's Telephone # \_\_\_\_\_

If other people to be protected are named on the order, please list Name, Sex, and DOB:

\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ON PERSON TO BE RESTRAINED**

\_\_\_\_\_  
Last Name (Please Print) First Name Middle Name

Other Names used or Nickname(s): \_\_\_\_\_

**Sex:** ☐ M ☐ F **DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ Feet \_\_\_\_\_ Inches **WEIGHT:** \_\_\_\_\_ Pounds **PRIMARY LANGUAGE:** \_\_\_\_\_

**RACE/NATIONALITY/ETHNIC GROUP:** \_\_\_\_\_ (Enter code from the following list)

W = White	B = Black	H = Hispanic	C = Chinese	A = Asian Indian	F = Filipino
G = Guamanian	I = Amer. Indian	J = Japanese	K = Korean	L = Laotian	P = Pacific Islander
S = Samoan	U = Hawaiian	V = Vietnamese	Z = Other Asian	O = All Others	X = Unknown

**HAIR COLOR:** \_\_\_\_\_ (Enter code from the following list)

BLK = Black BLN = Blond BRO = Brown GRY = Gray SDY = Sandy WHI = White XXX = Bald/Unknown

**EYE COLOR:** \_\_\_\_\_ (Enter code from the following list)

BLK = Black BLU = Blue BRO = Brown GRY = Gray GRN = Green HAZ = Hazel MUL = Multicolor  
UNK = Unknown

**SCARS, TATTOOS, OTHER IDENTIFYING MARKS:** (Describe what and where) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
Street City State

**WORK ADDRESS/BUSINESS NAME:** \_\_\_\_\_

**WORK HOURS:** From: \_\_\_\_\_ To: \_\_\_\_\_ Days Off: \_\_\_\_\_

**IS DEFENDANT IN CUSTODY?** ☐ No ☐ Yes - If "yes," where? \_\_\_\_\_

**OTHER PLACES WHERE DEFENDANT CAN BE LOCATED:** (Where and when) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DRIVER'S LICENSE?** ☐ YES DL# \_\_\_\_\_ ☐ NONE ☐ SUSPENDED/REVOKED

**VEHICLE:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate # \_\_\_\_\_

**CAUTION CODES:** ☐ Armed and Dangerous ☐ Mentally Disturbed ☐ Suicidal Tendencies

**ONLY DOMESTIC VIOLENCE RESTRAINING ORDERS ARE FAXED FOR SERVICE BY THE COURT. SERVICE OF HARASSMENT ORDERS MUST BE ARRANGED BY THE PARTY.**

**SERVICE OF THE ATTACHED DOCUMENT:** ☐ By Sheriff  
☐ By Police Department \_\_\_\_\_  
☐ Party or Attorney for Party to Arrange Service